



New York City Comptroller
Scott M. Stringer

1 Centre Street
New York, NY 100

Form Version: NYC-COMPT-BLA-PI1-

Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Name:

Name:

Relationship to
claimant:

Claimant Information

First Name: Phillips

Last Name: Paul

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth: Format: MM/DD/YYYY

Sec. #

V:

Disability #

Date of Death: Format: MM/DD/YYYY

Phone:

Email Address:

Retype Email

Address:

Occupation: disabled

Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name: Wasserman, Steven

Firm or First Name: The Legal Aid Society

Address: 199 Water Street

Address 2:

City: New York

State: NEW YORK

Zip Code: 10038

Tax ID:

Phone #:

(212) 577-3387

*Email Address:

swasserman@legal-aid.org

*Retype Email

Address:

swasserman@legal-aid.org

The time and place where the claim arose

*Date of Incident: 07/04/2020 Format: MM/DD/YYYY

Time of Incident: 12:00 AM Format: HH:MM AM/PM

*Location of Incident: Rikers Island C-95 AMKC

Address:

18-18 Hazen St.

Address 2:

City:

E. Elmhurst NYC

*State:

NEW YORK

Borough:

QUEENS



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OFFICE OF THE
New York, NY 100

**Manner in which
claim arose:**

Claimant was detained by NYPD and NYCDOC for 3 or 4 days, based on a 32-year-old outstanding NY County warrant which proved to be non-existent.

Claimant was released after the Bronx District Attorney determined that there was no basis for his detention.



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In addition to the loss of 3 or 4 days' liberty, Claimant, who suffers from bipolar disorder, was unjustifiably deprived proper medication, and suffered ongoing psychological damage.



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NEW YORK CITY
New York, NY 100

Medical Information

Treatment Date: Format: MM/DD/YYYY

Hospital/Name:

Address:

Address 2:

City:

State:

Zip Code:

Treated in Emergency Room: Format: MM/DD/YYYY

Was claimant taken to hospital by ambulance? ☐ Yes ☐ No ☐ NA

Employment Information (If claiming lost wages)

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned Monthly:

Attending Physician Information

Name:

Name:

Address:

Address 2:

City:

State:

Zip Code:

Witness 1 Information

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code: Phone:

Witness 2 Information

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code: Phone:

Witness 3 Information

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code: Phone:

Witness 4 Information

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code: Phone:



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Complete if claim involves a NYC vehicle

Driver of vehicle claimant was traveling in

Name:

Name:

Address:

Address 2:

City:

State:

Insurance Information

Insurance Company:

Address:

Address 2:

Address 3:

City:

State:

Zip #:

Phone #:

**Description of
Incident:**

☐ Driver

☐ Passenger

☐ Pedestrian

☐ Bicyclist

☐ Motorcyclist

☐ Other

Non-City vehicle driver

Last Name:

First Name:

Address:

Address 2:

City:

State:

Zip Code:

Non-City vehicle information

Make, Model, Year
of Vehicle:

Plate #:

VIN #:

City vehicle information

Plate #:

City Driver Last
Name:

City Driver First
Name:

**Total Amount
Claimed:**

\$100,000.00

Format: Do not include "\$" or ",".

Total Amount Claimed can only be entered once the following
required fields are entered:

Claimant Last Name

Claimant First Name

Claimant Address, City, State, Zip Code, and Country

Claimant Email or Attorney Email

Date of Incident

Description of Incident (including State)

Location in which claim arose

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful